

W-2 PLAINLY WITH UNFADING INK--THIS IS A PERMANENT  
N. B.--In case of more than one child at a birth, a SEPARATE RETURN must be made for each  
order of birth stated.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 164

Registered No. 546

1. PLACE OF BIRTH

County Gila

State Arizona

District or Township

or Village

City Miami

No. 8

Line Oak Canon St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Angelita Estrada

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other

6. Legitimate?

7. Date

of birth Nov. 26-1927  
Month Day Year

8. FATHER

Full name Eustacio Estrada

9. Residence

(Usual place of abode)

If non-resident, give place and state.

10. Color or race

11. Age at last birthday 31 (Years)

12. Birthplace (city or place)

(State or country)

13. Occupation

Nature of industry

14. MOTHER

Full maiden name Eulalia Sandoval

15. Residence

(Usual place of abode)

If non-resident, give place and state.

16. Color or race

17. Age at last birthday 26 (Years)

18. Birthplace (city or place)

(State or country)

19. Occupation

Nature of industry

20. Number of children of this mother

(Taken as of time of birth of child herein  
certified and including this child.)

(a) Born alive and now living 7

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against oph-  
thalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2 46 a. m. on the date above stated  
(Born alive or unknown.)

Signature Cyril M. Brown M.D.

Physician

(Physician or midwife).

Given name added from  
a supplemental report

Month, day, year

Address Miami, Arizona

Filed Jan 8, 1928

Registrar

Registrar

131-1126-523